



Children's Advocacy Center CASA of McLean County

200 W. Front Street 5th Floor

Bloomington, Illinois 61701

(309) 888-5656

FAX(309) 888-4969

Date: _____

Name of applicant: _____

(Instructions to applicant: Give this letter to person serving as a reference. Ask them to return it to the CASA office.)

To Whom It May Concern:

The person named above has applied to work as a volunteer in the Court Appointed Special Advocate (CASA) program and has listed you as a reference. We would appreciate your written assessment of the applicant's ability to serve as a volunteer in our program. Please use the form on the reverse side of this letter for your assessment.

Here is a brief program description that may help with your assessment of the applicant. The CASA is a citizen volunteer sworn in as an Officer Juvenile Court and appointed by the judge to represent children who have been abused or neglected. The CASA gathers information and makes formal reports to the court based upon their life experience, observations and interactions with the child, the family members and other professionals involved in the child's life.

CASA work requires a high degree of responsibility and commitment to the well-being of children. It is essential that the CASA have the ability to respect confidentiality, relate to people from many different walks of life and remain objective in their evaluations.

Thank you for your prompt attention to this request. If you have any questions, please feel free to call 309-888-5656.

PERSONAL REFERENCE FORM

(please print)

1. In what capacity have you known the applicant? _____

For how long? _____

2. Would the applicant have a problem working with individuals with any of the following?

Different race _____ Physical/mental disability _____ Other _____

Please explain: _____

3. Please rate applicant on the following characteristics:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Don't Know</i>
Takes initiative	_____	_____	_____	_____
Completes tasks	_____	_____	_____	_____
Positive attitude	_____	_____	_____	_____
Attention to detail	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Willingness to accept supervision	_____	_____	_____	_____
Oral communication	_____	_____	_____	_____
Ability to maintain confidentiality	_____	_____	_____	_____

4. Please explain why you believe the applicant would be a successful advocate for children:

=====

Name of person completing this form: _____

Signature: _____ Date: _____

Address: _____ Phone:(hm) _____

City/State: _____ (wk) _____